

LEAD SAFE WASHINGTON

LEAD-BASED PAINT HAZARD REDUCTION PROGRAM APPLICATION



How did you hear about the pLetter from DHCDDC Agency Referral:Community-Based OrganizationOther (specify)	n:	Return application with attachments to: Lead Safe Washington Program Dept. of Housing and Community Development 801 N. Capitol Street, Suite 7000 Washington, DC 20002 202-442-7180					
Check One:							
Multi-Family	Single-Family						
PART I - OWNER APPLICANT	INFORMATION						
Last Name of Owner	First		Middle Initial	Social Security Number			
Street Address of Owner		City	State	Zip			
Phone: (Work)	(Home)			e-mail			
(If Single-Family Applicant(s) SI	kip to PART II)						
Federal Tax ID Number, if business e	ntity:						
	() LLC () Corporation () General Function () General Function () Results () LLC () LLC () LLC () Corporation () LLC () LLC () Corporation () LLC () L	Partnership	(Non Profit)				
Name of Contact Person or Managing	g Agent:		Phone No.	·			
E-mail address:	Fax. No		Cell Phone	e No.			
Is there a resident manager or careta Name	· •	e: Apt. #	# Telephone No				
Any outstanding monies owed to t	he District government	? Yes	No				
		=	DC Zip Code:	Ward:			
2. Name of Titleholder(s) as it appea	rs on the Deed to the Pro	perty:					
(If Single-Family Applicant(s) Skip 3. Manner in Which Title is Held:	3 and 4 go to 5)						
Fee Simple Joint Tenants Other :	Life Estate Tenants by the Entiretion		Ground Rent				
4. Unit Information Dwelling Size Efficiency/Studio One Bedroom Two Bedroom Three Bedroom Four or more Bedroom	No. of Units		Monthly Rent \$ \$ \$ \$				
5. Year of Building Construction: 5. Type of Exterior (brick, vinyl, etc.):							
6. Property Type: Rental Co-op Condominium							
7. Are there any liens on the proper	ty (tax, creditors, etc.)?	YesNo _					
8. Daycare or children's programs on property? Yes No							

9.	a) Are there chil	ldren uı	nder 6 resid	ling at the	property? Yes_	No			
	b) Has there be	en prev	vious testing	g of childre	en residing at the prope	erty? Yes	s No Do	Not Know	
	c) Does any chi	ld living	at this prop	perty have	an elevated blood lea	d level? Yes	s No Do	Not Know	
10.	a) Is there a know	own pre	esence of Le	ead-Based	l Paint (LBP) or LBP h	azards? Yes	s No Do	Not Know	
					etermined LBP (e.g., F		nmental, lead su	urvey, lead	
	c) What other do	ocumer	ntation exist	s that iden	tifies the presence of	LBP?			
11.	Is there deterior	ated pa	aint present	(peeling,	chipped or cracked)?		Yes No		
12.	a) If the presence of lead is known and the building is occupied, has it been disclosed to the tenants? Yes No Do Not Know								
	b) If disclosure t	o tenar	nts has take	en place, a	ttach copies of disclos	ure.	Yes No	_	
13.	Has the property	/ been	designated	"historic,"	or is it located in a his	toric district	Yes No	_ Do Not Know	
14.	a) Does the prop	erty ha	ive any out	standing c	ode violations?		Yes No	_	
	b) If yes, are any violations for life safety? Yes No								
	c) If yes, are any	/ violati	ons for lead	d-based pa	aint or for deteriorated	paint?	Yes No	_	
15.	Dwelling Type:	Occupi	ied	Vacant_	Owner-Occup	ied			
					g children under 6 vi				
ull f	Name	Age	Date of Birth	Unit #	Date of Blood Test for child under 6	Relationship to head of household	this address?	t Household member annual income	
14							201		
<i>IIT I</i>	nore space is i	neeae	ea for tena	ant intorn	nation, please add	separate sn	eet		
DΛ	RT III – REQU	IIDEL	\	JMENITO	•				
					•	Che	ck Enclosures		
2. (n of Tei	nant/House		ne (Forms A & B) e present, copy of				
					(e.g., DOH Notice of I ased paint have been i		<u> </u>		
5. F	or lead or deterio	orated p	paint violation	on, copy o		· · · · · · · · · · · · · · · · · · ·			
	Pictures of the ex								
NC	TICES: Persoi	nal Inf	ormation						

The information requested by the Department of Housing and Community Development (the "Department") is necessary in determining your eligibility for the Lead Safe Washington (LSW) Program loan/grant. Your failure to disclose this information may result in the denial of your application. Availability of this information for public inspection is governed by the provisions of the District of Columbia Freedom of Information Act of 1976 (DCFOIA), Pub. L. 614, D.C. Official Code §§ 2-531 et. seq. This information will be disclosed to appropriate staff of the Department for purposes directly connected with administration of the LSW program. Such information is not routinely shared with federal or local government agencies, but would be made available to the extent consistent with D.C. law, the DCFOIA and any other Federal reporting requirements.

Any person who knowingly makes, or causes to be made, a false statement or representation relative to this application shall be subject to criminal prosecution, a fine of up to \$1,000 and/or imprisonment 180 days and if a loan/grant has been made, immediate call of the loan/grant requiring payment in full of all amounts disbursed pursuant to D.C. Official Code § 22-2405 (2002).

I/We authorize the LSW Program or its agent to obtain credit information for the purpose of evaluating this application and disclose this same information to local agencies participating in the Program and/or a private lending institution agreeing to participate in the LSW Program.

CERTIFICATIONS AND DISCLOSURES

The undersigned applicant hereby makes application to the Department of Housing and Community Development for a LSW Program loan/grant for the purpose of reducing lead-based paint hazards in housing.

Applicant agrees he/she will not discriminate against any person the basis of race, color, religion, national origin, sex, marital status, physical or mental handicap, or age in any aspect of the program and to comply with all applicable federal and local laws regarding discrimination and equal opportunity in employment, housing and credit practices, including Title VI of the Civil Rights Act of 1964 and regulations pursuant thereto and the D.C. Human Rights Act of 1977, as amended, D.C. Official Code §§ 2-1401.01 et. seq.. Title VIII of the Civil Rights Act of 1986, as amended, requires a certification that the borrower's organizations documents contain a nondiscrimination clause.

Further, applicant agrees to comply with the District of Columbia's Local Small and Disadvantaged Business Enterprise (LSDBE) Program if applicable. Copies of the LSDBE Program guidelines will be provided to the applicant.

Applicant certifies that no tenant living in any residential unit in the property to undergo lead hazard reduction has been forced to move without cause in the twelve-month period preceding the submission of this application and that none will be forced to move without cause prior to loan/grant closing. Applicant further agrees to comply with the relocation requirements of the LSW Program if any residential tenant is required to be temporarily displaced as a result of the rehabilitation undertaken pursuant to the loan/grant.

andertaken parsuant to the loan/grant.		
Please initial each of the following statements to verify that h	ave y	you read and understood each statement.
There is no guarantee that your application for the Lead Safe Was	shingt	yton Program will be approved.
Further, if your initial application is approved, it could be determine variety of reasons, including but not limited to, Availability of funding,	ed to	be ineligible at different stages in the application process, for a
 Failure to meet all Lead Safe Washington guidelines and Lead Safe Washington eligibility requirements. (initials) 	l unde	erwriting criteria, and
If at any stage in the application process, the Department of Innot eligible to participate in the Lead Safe Washington Progradetermination is made(initials)		
Further, by signing this application, you understand and agree tha and all governmental agencies of any unlawful conditions and/or phealth code conditions that may have been discovered as a part o	ooten	ntial violations of District of Columbia law relating to housing or
You further agree, and understand, that, in the event that your appyou are not relieved of any lawful duty and/or obligation you have housing and health laws (initials)		
1. Print Name	2.	Print Name
Signature		Signature
Title (if any) Date		Title (if any) Date
3. Print Name	4.	Print Name
Signature		Signature

The following information concerning minority and sex is requested for statistical purposes so the Department may determine the degree it's programs are utilized by minority individuals and businesses. If applicant is a business, circle the category applicable to 51 percent or more of the ownership.

Date



Title (if any)

American Indian/Alaskan Native Asian/Pacific Islander Black/African American
White Hispanic Male Female

The DC Department of Housing and Community Development pledges to foster the letter and spirit of the law for achieving equal housing opportunity in the District of Columbia.

Title (if any)

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Date